

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-041784**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED NOV 26 1962

Primary Registration District No. 3007

Registrar's No. 1126

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Poplar Bluff</b>	
Length of stay in 1b <b>Life</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lucy Lee Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>837 Vine Street</b>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>HUGH</b> Last <b>GREASON</b>		4. DATE OF DEATH Month <b>November</b> Day <b>9</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/26/1889</b>
9. AGE (last birthday) <b>72</b>		10. IF UNDER 1 YEAR Months <b>10</b> Days <b>13</b>	11. IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Civil Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Civil Engineering</b>	
11. BIRTHPLACE (City and state or country) <b>Iron County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. INFORMANT <b>Mary Cuning, Poplar Bluff, Mo.</b>		Address	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Infarction.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 hrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b></b> DUE TO (c) <b></b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. Month, Day, Year <b>11-9-62, 10:35 A.M. to 5:30 P.M.</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Poplar Bluff, Mo.</b>	
20g. COUNTY <b>Butler</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>5:30 P. M.</b> to <b>5:30 P. M.</b> and last saw her alive on <b>11-9-62</b>		Death occurred at <b>5:30 P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>[Signature]</b> (Do not write name) <b>M. D.</b>		22b. ADDRESS <b>Poplar Bluff, Mo.</b>	
22c. DATE SIGNED <b>11-13-62</b>		23a. BIRTHPLACE (City and state or country) <b>Iron County, Mo.</b>	
23b. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	
23d. LOCATION (City, town, or county) <b>Poplar Bluff, Mo.</b>		23e. STATE <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>FRANK-COTRELL CHAPEL, Poplar Bluff</b>		25. DATE RECD. BY LOCAL REG. <b>11/23/1962</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

NOV 30 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Edgar W. Laffoon*

Licensed Embalmer No.

*3394*

P. O. Address

*Poplar Bluff, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.